



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/29/13 Ending Date: 12/31/13

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Kristin Ross-Sitcawich

Candidate Full Name (if applicable)

Lowell School Committee

Office Sought and District

31 Elene St Lowell, MA 01854

Residential Address

Telephone Number (optional): (978) 452-0885

CTE Kristin Ross-Sitcawich

Committee Name

Muriel Parseghian

Name of Committee Treasurer

31 Elene St. Lowell, MA 01854

Committee Mailing Address

Telephone Number (optional): (978) 376-3676

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	858.45
Line 2: Total receipts this period (page 3, line 11)	370
Line 3: Subtotal (line 1 plus line 2)	1228.45
Line 4: Total expenditures this period (page 5, line 14)	1134.72
Line 5: Ending Balance (line 3 minus line 4)	93.73
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Jeanne D'Arc Credit Union

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: (Treasurer's signature)

Date: 12.31.13

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: (Candidate's signature)

Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/4/13	Beverly Coughlin 54 Barasford Ave Lowell, MA 01852	50	
10/31/13	William Lipchitz 106 Fairmount St Lowell, MA 01852	50	
11/2/13	Philip Nyman 375 Gorham St. Lowell, MA 01852	50	
Line 9: Total Receipts over \$50 (or listed above)		150	
Line 10: Total Receipts \$50 and under* (not listed above)		220	
Line 11: TOTAL RECEIPTS IN THE PERIOD		370	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/30/13	WCAP	243 Central St. Lowell, MA 01852	advertising	435
10/31/13	Lowell Sun	Dutton St. Lowell, MA 01852	advertising	657
11/6/13	Angelina's Pizzeria	Middlesex St. Lowell, MA 01851	election day food for volunteers	42.72
Line 12: Total Expenditures over \$50 (or listed above)				1132.82
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1132.82

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Commonwealth
of Massachusetts

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☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Kristin Ross-Sitcawich
Candidate Full Name (if applicable)
Lowell School Committee
Office Sought and District
31 Elene St Lowell, MA 01854
Residential Address
Telephone Number (optional): (978) 452-0885

CTE Kristin Ross-Sitcawich
Committee Name
Muriel Parseghian
Name of Committee Treasurer
31 Elene St. Lowell, MA 01854
Committee Mailing Address
Telephone Number (optional): (978) 376-3676

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	858.45
Line 2: Total receipts this period (page 3, line 11)	370
Line 3: Subtotal (line 1 plus line 2)	1228.45
Line 4: Total expenditures this period (page 5, line 14)	1134.72
Line 5: Ending Balance (line 3 minus line 4)	93.73
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Jeanne D'Arc Credit Union

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:  (Treasurer's signature)

Date:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

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Signed under the penalties of perjury: _____ (Candidate's signature)

Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/4/13	Beverly Coughlin 54 Barasford Ave Lowell, MA 01852	50	
10/31/13	William Lipchitz 106 Fairmount St Lowell, MA 01852	50	
11/2/13	Philip Nyman 375 Gorham St. Lowell, MA 01852	50	
Line 9: Total Receipts over \$50 (or listed above)		150	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		220	
Line 11: TOTAL RECEIPTS IN THE PERIOD		370	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/30/13	WCAP	243 Central St. Lowell, MA 01852	advertising	435
10/31/13	Lowell Sun	Dutton St. Lowell, MA 01852	advertising	657
11/6/13	Angelina's Pizzeria	Middlesex St. Lowell, MA 01851	election day food for volunteers	42.72
Line 12: Total Expenditures over \$50 (or listed above)				1132.82
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1132.82

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.



Commonwealth
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<input type="text" value="Kristin Ross-Sitcawich"/>	<input type="text" value="CTE Kristin Ross-Sitcawich"/>
Candidate Full Name (if applicable)	Committee Name
<input type="text" value="Lowell School Committee"/>	<input type="text" value="Muriel Parseghian"/>
Office Sought and District	Name of Committee Treasurer
<input type="text" value="31 Elene St Lowell, MA 01854"/>	<input type="text" value="31 Elene St. Lowell, MA 01854"/>
Residential Address	Committee Mailing Address
Telephone Number (optional): <input type="text" value="(978) 452-0885"/>	Telephone Number (optional): <input type="text" value="(978) 376-3676"/>

SUMMARY BALANCE INFORMATION:

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Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
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Line 8: Name of bank(s) used:	<input type="text" value="Jeanne D'Arc Credit Union"/>

Affidavit of Committee Treasurer:

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Signed under the penalties of perjury: (Treasurer's signature) Date:

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* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0